

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Statement covers period from <u>01/01/2017</u> through <u>06/30/2017</u>	Date of election if applicable: (Month, Day, Year) <u>11/03/2020</u>
Page <u>1</u> of <u>5</u> For Official Use Only	

3. Committee Information			
I.D. NUMBER 1342332	NAME OF COMMITTEE Patino for Mayor 2020		
STREET ADDRESS (NO P.O. BOX) 2624 Airpark Drive			
CITY Santa Maria	STATE CA	ZIP CODE 93455	AREA CODE/PHONE (805) 934-5737
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			
EIVED P 12 47 RK'S OFFICE ANTA MARIA			
Treasurer(s)			
NAME OF TREASURER Tom Martinez			
MAILING ADDRESS 2624 Airpark Dr.			
CITY Santa Maria	STATE CA	ZIP CODE 93455	AREA CODE/PHONE (805) 934-5737
NAME OF ASSISTANT TREASURER, IF ANY Trent Benedetti			
MAILING ADDRESS 2151 S. College Dr., Ste. 101			
CITY Santa Maria	STATE CA	ZIP CODE 93455	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

1 Verification

Verbalization I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

Charity or party under the laws of the State or Commonweal^t that are foregoing to sue and defend
By _____ Date _____
Executed on 7-17-17 By _____ Date _____
Signature of Treasurer or Assistant Treasurer
John C. H. C.
By _____ Date _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent
John C. H. C.
By _____ Date _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent
John C. H. C.

Executed on _____ Date _____ Executed on _____ Date _____

Signature of Controlling Officeholder, Candidate, State Measure Proposer

FPPC Advice: advice@fppc.ca.gov (866/275-3772)
FPPC Form 460 (Jan/2016)
www.fppc.ca.gov

**Recipient Committee
Campaign Statement
Cover Page—Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino
Mayor

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Drive Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patino for Mayor 2020

CALIFORNIA FORM 460	
Statement covers period	
from <u>01/01/2017</u>	through <u>06/30/2017</u>
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Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	
1. Monetary Contributions	Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	7/1 to Date
2. Loans Received	Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0.00</u>	\$ <u>0.00</u>	
4. Nonmonetary Contributions	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0.00</u>	\$ <u>0.00</u>	

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>1,261.69</u>	\$ <u>1,261.69</u>	
7. Loans Made	Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>1,261.69</u>	\$ <u>1,261.69</u>	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>1,261.69</u>	\$ <u>1,261.69</u>	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>8,346.36</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>0.00</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above	\$ <u>1,261.69</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>7,084.67</u>	

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>	
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>	

Cash Equivalents and Outstanding Debts

*Amounts in this section may be different from amounts reported in Column B.

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2020

SCHEDULE E CALIFORNIA FORM 460

Statement covers period from <u>01/01/2017</u>	through <u>06/30/2017</u>	Page <u>4</u> of <u>5</u>
NAME OF FILER		I.D. NUMBER <u>1342332</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	accounting service	12,35
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	OFC	netfile software renewal	395.00
City of Santa Maria 110 E. Cook St. Santa Maria, CA 93454	FIL	additional filing fee due	477.34

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	884.69
1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	1,212.69
2. Unitemized payments made this period of under \$100	\$	49.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$	1,261.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA FORM 460		
from <u>01/01/2017</u>	Page <u>5</u>	of <u>5</u>	
through <u>06/30/2017</u>	I.D. NUMBER <u>1342332</u>		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

328.00

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